



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

**Texas EMS & Trauma Registries:
Traumatic Brain Injury (TBI) / Spinal
Cord Injury (SCI)**

Data Dictionary

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Table of Contents

Introduction	3
Texas Standard Inclusion Criteria	3
ENTITY NAME	5
INDIVIDUAL’S FIRST NAME	6
INDIVIDUAL’S MIDDLE NAME	7
INDIVIDUAL’S LAST NAME	8
INDIVIDUAL’S SOCIAL SECURITY NUMBER	9
INDIVIDUAL’S HOME ADDRESS	10
INDIVIDUAL’S HOME CITY	11
INDIVIDUAL’S HOME STATE	12
INDIVIDUAL’S HOME ZIP CODE	13
INDIVIDUAL’S DATE OF BIRTH	14
INDIVIDUAL’S SEX	15
TRAUMATIC BRAIN INJURY (TBI)	16
SPINAL CORD INJURY (SCI)	17
INCIDENT DATE	18
INCIDENT STATE	19
INCIDENT COUNTY	20

Introduction

The traumatic brain injury (TBI) and spinal cord injury (SCI) data dictionary is designed to establish the Texas standard for exchange of registry data, and to serve as the operational definitions for the Texas EMS & Trauma Registries. It is expected that long-term acute care (LTAC), rehabilitation, justice of the peace and medical examiner entities report all patients satisfying the inclusion criteria described in this document to the Registries' online reporting system in accordance with the Texas Administrative Code, Title 25, Part 1, Chapter 103. All reportable data shall be submitted at least quarterly; monthly electronic data submissions are recommended. An entity shall submit data to the Registries within ninety days of an individual's discharge from their facility.

Texas Standard Inclusion Criteria

Definition:

To ensure consistent data collection, a patient or decedent is defined as a person sustaining an injury meeting the following criteria:

TRAUMATIC BRAIN INJURY (TBI)

Definition:

An acquired injury to the brain, including brain injuries caused by anoxia due to submersion incidents.

For LTAC/rehabilitation use only: Field Value (given range)

ICD-9-CM:

- 800.0-801.9, 803.0-804.9, and 850.0-854.1
- 348.1 or 994.1 (*Traumatic brain injury caused by anoxia due to submersion*)

ICD-10-CM:

- S02.0-S02.91, S04.0-S04.049, S06.0-S06.9X9, S07.1
- T74.4 (*Shaken infant syndrome*)
- T75.1 (*Anoxia due to submersion*)

SPINAL CORD INJURY (SCI)

Definition:

An acute, traumatic lesion of the neural elements in the spinal canal, resulting in any degree of sensory deficit, motor deficits, or bladder/bowel dysfunction.

For LTAC/rehabilitation use only: Field Value Ranges (given range)

ICD-9-CM:

- 806.0-806.9 and 952.0-952.9

ICD-10-CM:

- S14.0-S14.159, S24.0-S24.159, S34.0-S34.139, S34.3

COMMON NULL VALUES

Definition

These values are to be used with each of the data elements described in this document which have been defined to accept the null values.

Field Values

- 1 Not Applicable
- 2 Not Known
- 3 Not Recorded
- 4 Not Reporting

Additional Information

- Not Applicable: This data element applies if, at the time of patient care documentation, the information requested was “Not Applicable” to the patient, the hospitalization or the patient care event.
- Not Known / Not Recorded: This data element applies if, at the time of patient care documentation, the information was “Not Recorded” (to the patient, family, health care provider) or no value for the element was recorded for the patient.
- Not Reporting: If this data element was intentionally left blank, “Not Reporting” should be selected.

USAGE

Definition

Indication of when the data element is expected to be collected.

Additional Information

- Mandatory: Must be completed and does not allow null values
- Required: Must be completed and allows null values
- Optional: Does not need to be completed

ENTITY NAME

Definition

The name of the reporting entity.

Field Values

- Relevant data for this element

Additional Information

- This element is mandatory. If this element is not completed, the reporting entity will not receive credit for the record.
- To complete, select the magnifying glass . Without entering any information, click on the search button. All assigned entities will appear in the search results area. Double click on the correct entity and the information will automatically populate this field.
- The entity Department of State Health Services number (DSHS ID) will auto-fill once the correct entity is selected. This is a non-editable field.

Associated Edit Checks

- None

INDIVIDUAL'S FIRST NAME

Definition

The individual's first name. The term "individual" is used throughout this document as plain language for the person to whom the injury occurred.

Field Values

- Relevant data for this element

Additional Information

- This element is mandatory.
- The maximum length is 50.
- If individual's name is not known, please enter UNKNOWN for this element.

Associated Edit Checks

- None

INDIVIDUAL'S MIDDLE NAME

Definition

The individual's middle name.

Field Values

- Relevant data for this element

Additional Information

- This element is optional.
- The maximum length is 50.

Associated Edit Checks

- None

INDIVIDUAL'S LAST NAME

Definition

The individual's last name.

Field Values

- Relevant data for this element

Additional Information

- This element is mandatory.
- The maximum length is 50.
- If patient name is not known, please enter UNKNOWN for this element.

Associated Edit Checks

- None

INDIVIDUAL'S SOCIAL SECURITY NUMBER

Definition

The individual's social security number.

Field Values

- Relevant data for this element

Additional Information

- This element is optional.
- The maximum length is 9.
- This element accepts the following format: 123-45-6789.

Associated Edit Checks

- None

INDIVIDUAL'S HOME ADDRESS

Definition

The individual's home address.

Field Values

- Relevant data for this element

Additional Information

- This element is optional.
- The maximum length is 50.

Associated Edit Checks

- None

INDIVIDUAL'S HOME CITY

Definition

The individual's city (or township, or village) of residence.

Field Values

- Relevant data for this element

Additional Information

- This element is optional.

Associated Edit Checks

- None

INDIVIDUAL'S HOME STATE

Definition

The state (or District of Columbia) where the patient resides.

Field Values

- Relevant data for this element

Additional Information

- This element is optional.

Associated Edit Checks

- None

INDIVIDUAL'S HOME ZIP CODE

Definition

The individual's home ZIP/Postal code of primary residence.

Field Values

- Relevant data for this element

Additional Information

- May be stored as a 5 or 9-digit code (XXXXX-XXXX) for the United States of America or Canada, or can be stored in the postal code format of the applicable country.
- This element is optional.

Associated Edit Checks

- None

INDIVIDUAL'S DATE OF BIRTH

Definition

The individual's date of birth.

Field Values

- Relevant data for this element

Additional Information

- This element is required.
- Collected as MM/DD/YYYY.
- If date of birth is unknown, select "Not Recorded".

Associated Edit Checks

- None

INDIVIDUAL'S SEX

Definition

The individual's sex.

Field Values

1. Male
2. Female
3. Unknown

Additional Information

- This element is required.

Associated Edit Checks

- None

TRAUMATIC BRAIN INJURY (TBI)

Definition

Was a traumatic brain injury (TBI) suspected or confirmed?

Field Values

1. Yes
2. No

Additional Information

- This element is mandatory.

Associated Edit Checks

- None

SPINAL CORD INJURY (SCI)

Definition

Was a spinal cord injury (SCI) suspected or confirmed?

Field Values

1. Yes
2. No

Additional Information

- This element is mandatory.

Associated Edit Checks

- None

INCIDENT DATE

Definition

On what date did the incident and/or injury occur?

Field Values

- Relevant data for this element

Additional Information

- This element is required.
- Collected as MM/DD/YYYY.
- Estimates of date of injury should be based upon report by the individual, witness, family, or health care provider.

Associated Edit Checks

- None

INCIDENT STATE**Definition**

The state (or District of Columbia) where the individual was found or to which the unit responded (or best approximation).

Field Values

- Relevant data for this element

Additional Information

- This element is required.

Associated Edit Checks

- None

INCIDENT COUNTY

Definition

The county or parish where the individual was found or to which the unit responded (or best approximation).

Field Values

- Relevant data for this element

Additional Information

- This element is required.

Associated Edit Checks

- None